

CONTINUATION GRANT PLAN FOR 2008-2009 GREAT PARENTS, GREAT START PROGRAM GRANTS

PART A. GRANTEE

<u>GRANTEE</u> (Intermediate School District)	Name of Intermediate School District	Federal ID Number	Telephone (Area Code)
	Address	City	Zip Code
		County	Fax

<u>PRIMARY CONTACT PERSON</u>	Name of Contact Person		Telephone (Area Code)
	Address	City	Zip Code
	E-Mail Address		Fax

<u>SECONDARY CONTACT PERSON</u>	Name of Contact Person		Telephone (Area Code)
	Address	City	Zip Code
	E-Mail Address		Fax

<u>THIRD CONTACT PERSON (Optional)</u>	Name of Contact Person		Telephone (Area Code)
	Address	City	Zip Code
	E-Mail Address		Fax

GRANT FUNDS REQUESTED: \$ _____ (Not to exceed the District's 2007-2008 Section 32j payment.)



PLEASE PROVIDE THE INFORMATION REQUESTED USING THIS FORM ONLY.

ASSURANCES AND CERTIFICATIONS: By signing this assurances and certification statement, the grantee certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on page 1a and 1b, and will comply with all state and federal regulations and requirements pertaining to this program. The grantee certifies further that the information submitted on this plan is true and correct.

SIGNATURE OF SUPERINTENDENT _____ DATE: _____

TYPED NAME: _____ TELEPHONE () _____

MAILING INSTRUCTIONS: The ORIGINAL and TWO (2) copies of this plan must be RECEIVED at the STATE address indicated above by OCTOBER 15, 2008.

PART A (Continued): ASSURANCES AND CERTIFICATIONS

--STATE PROGRAMS--

INSTRUCTIONS: Please attach ALL assurances to the plan.

ASSURANCE CONCERNING MATERIALS DEVELOPED WITH FUNDS AWARDED UNDER THIS GRANT

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: "These materials were developed under a grant awarded by the Michigan Department of Education."

CERTIFICATION REGARDING NONDISCRIMINATION UNDER FEDERALLY AND STATE ASSISTED PROGRAMS

The grantee hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

CERTIFICATION REGARDING TITLE II OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, STATE AND LOCAL GOVERNMENT SERVICES

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities, and services of public entities. Title II requires that, "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

CERTIFICATION REGARDING TITLE III OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, PUBLIC ACCOMMODATIONS AND COMMERCIAL FACILITIES

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and day care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title III of the ADA for the program or service for which they receive a grant.

Grantee agrees to comply with all applicable requirements of all state statutes, federal laws, executive orders, regulations, policies, and award conditions governing this program. Grantee understands and agrees that if it materially fails to comply with the terms and conditions of the grant award, the Michigan Department of Education may withhold funds otherwise due to the grantee from this grant program, any other federal grant programs or the State School Aid Act of 1979 as amended, until the grantee comes into compliance or the matter has been adjudicated and the amount disallowed has been recaptured (forfeited). The Department may withhold up to 100 percent of any payment based on a monitoring finding, audit finding or pending final report.

IN ADDITION:

This project/program will not supplant nor duplicate an existing early childhood or family development program.

The following provisions are also understood by the recipient of the grant should it be awarded:

1. Grant award is approved and is not assignable to a third party without specific approval.
2. Funds shall be expended in conformity with budget. Line item changes and other deviations from the budget as attached to this grant agreement must have prior approval from the Office of Early Childhood Education and Family Services administrator of the Michigan Department of Education.
3. Grantee agrees to forward one-half of 1 percent of the designated grant amount for statewide evaluation activity and to fully participate in evaluation activities.
4. The Michigan Department of Education is not liable for any costs incurred by the grantee prior to the issuance of the grant award.
5. Payments made under the provision of this grant are subject to audit by the grantor.
6. Grantee agrees not to expend any funds awarded under this grant until all prior years' carryover of GP,GS funds have been exhausted.
7. Grantee agrees to return to the Michigan Department of Education any 2008-2009 Great Parents, Great Start funds not expended as of September 30, 2010.

SIGNATURE OF ISD SUPERINTENDENT

DATE

PART B. YEAR 2008-2009 CONTINUATION PLAN

APPLICANT: _____

See instructions for elements of the continuation plan. Use the forms found on pages 2-11 and no more than six additional pages for a total of 17 pages to address all required information requested in both chart and narrative form.

Part B-1: Great Parents, Great Start Services to Families

- 1.a. **Universal Services:** Indicate all universal services that will be provided using 2008-2009 grant funds. Include which Great Parents, Great Start partner will be providing each service, the population of families to be reached and the age of the children on which the service focuses, as well as the frequency of the service.

Universal Services Low Intensity	Provided by What Partner(s)	Description of Population to be Reached	Age of Children	Frequency of Services
Example: Monthly Early Childhood Insert in Local Newspaper	Smith Town News Service & ISD	All families residing in Smith Town	Birth to Five	Monthly

Estimated Cost of Providing Universal Services: _____

1.b. **Targeted High-Intensity Services**

Great Parents, Great Start funding should be balanced between universal and targeted services. Indicate the planned target population, the services provided to identified families, as well as the methods or curriculum to be used and the dosage of service that is planned for families.

Target Service(s) to be Provided	Provided by What Partner(s)	Target Population	Age of Children	Methods or Curriculum to be Used	Frequency of Service to Individual Families
1.					
2.					
3.					

Estimated Cost of Providing Targeted Services _____

1. c. Explain how resources will be targeted based on family needs. Why was (were) the above targeted population(s) selected? How will individual families be identified from this population to receive services? If this population is a change from last year’s population, indicate the reason for the change.

1.d. Further Information Related to Curriculum for Targeted Populations

Each curriculum used must be researched-based and shown effective for a population that matches the selected target population. Indicate the following regarding the selected curricula:

Curriculum To Be Used	When Researched?	Curriculum's Original Population?	Similarities With Target Population?	Any Modifications and/or Blending of the Curriculum and Its Delivery?
Example: Nurturing Parenting Programs	1983	Parent receiving services due to child abuse and neglect towards their children ages 6-12.	Teen parents are at high-risk for neglectful and abusive behaviors.	Curriculum condensed to accommodate timeframe of student availability.
	1987 & 1992	Teen Parents	Teen Parents	
1.				
2.				
3.				

1.e. Describe the planned method of assessing the effectiveness of the curriculum/curricula to strengthen individual parent's parenting behavior?

1.f. **Linkage of Great Parent, Great Start Services to Other Early Childhood Programs and Initiatives**

Indicate linkages to (but not duplicating or supplanting) any of the following programs in the community. Mark "NA" if one of the following programs does not exist or is not available in the district. Mark "NL" if the program exists within the community, but the GP,GS program does not partner with the program.

Selected Programs	How Linked to Great Parents, Great Start
SAFE SLEEP (for infants)	
SAFE KIDS (for Car Child Safety Restraints)	
Reach Out and Read (with the Medical Community)	
Michigan Free Books (with Michigan Friends of Education and the Public Enrichment Foundation)	
Imagination Library (with the Dollywood Foundation)	

1.f. **Linkages, continued**

Other Home Visiting Programs in the Community	
Born Learning (with United Way)	
Parenting Counts (with PBS stations)	
<i>Early On[®]</i>	
Early Head Start	
PreK Programs (Great Start Readiness Program & Head Start)	

[illegible]

2.b. **Maximizing Resources**

Collaboration involves sharing and maximizing resources. Indicate how Great Parents, Great Start partners maximized limited resources in 2007-2008 or will maximize them in 2008-2009 to strengthen services. Please use the following codes to indicate the type of support or resources from GP,GS:

- A. Financial for:
 - A-1 match
 - A-2 direct service staff
 - A-3 support staff functions
 - A-4 other
- B. Planning
- C. Logistics (organization, coordination of activities, maintenance of website)
- D. Publicity, information, outreach
- E. Assessment, screening and/or referral
- F. Direct services (carried out by GP,GS staff)
- G. Materials
- H. Transportation to activities
- I. Other

Local Service Strengthened	Support & Resources from GP,GS		Support & Resources from Other Sources
	Code	Brief Description	
Examples:			
1. Reach Out and Read Program	A-1, A-3, I	Match dollars for book purchase, staff time to order books, and storage space for books.	Literacy instruction to parents provided by staff at local WIC clinic and two physician's offices.
2. Parent/Child Learning Groups (Playgroups)	C, F	GP,GS staff will organize and conduct groups.	Space to hold groups – Head Start.

- 2.c. With limited GP,GS funding, GP,GS collaborative partners are encouraged to consider family contributions for the programs they receive.
- If a sliding fee (that is, charging more for some families than for others) has been initiated for any activity in the program, what was it for and how was the scale determined?

 - For what components of the program are all families currently charged the same fee? (This includes those activities for which a scholarship is available). For example, Love & Logic workshop, annual conference, materials for play groups, etc.

 - For what components of the program are families invited to donate money or their time? For example, pay what they can for play groups, donate time by delivering information packets to libraries, donate supplies for special events, etc.

 - Are families encouraged to contribute to the program or specific activities in any other ways?

Part B-3: Qualifications of Staff Providing Services to GP,GS Families

Identify all staff who provide educational services to families, including individuals who create local child development materials and resources. Duplicate this form as necessary to provide information on all direct service staff funded as part of the Great Parents, Great Start initiative (state and local match). Check which area of early childhood training each individual possesses.

Individual's Name	Early Childhood Academic Credit	Parent Educator Certification (for Birth to Five Years)	No Formal Early Childhood Training *
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Include a Professional Development Plan for any staff member who does not hold academic early childhood credits or parent educator certification focused on early childhood.

PART C. STATUS OF 2007-2008 GP,GS CARRYOVER

INSTRUCTIONS: Indicate the carryover status of GP,GS funding as of the writing of this continuation plan. FY 2007-2008 carryover funds, which are budgeted through a separate process, must be used before FY 2008-2009 funds can be accessed.

APPLICANT: _____

- ☐ Prior year's GP,GS carryover funds remain – with the ending date for this carryover being _____.
(date)
- ☐ Date FY 2008-2009 funds will need to be accessed to provide GP,GS services _____ (when all carryover
has been expended).
(date)

**PART D. SUPPORT OF COMMUNITY COLLABORATIVE OR GREAT START
COLLABORATIVE**

Our Community or Great Start Collaborative has been and will continue to be involved in the collaborative effort of the Great Parents, Great Start program. We have reviewed the GP,GS continuation plan for 2008-2009 and hereby support the program. In addition, per section 32j (3) (b) of PA 268 of 2008, as a Great Start Collaborative we have included the GP,GS services as part of our community's Great Start Strategic Plan:

SIGNATURE OF CHAIR

NAME OF COMMUNITY OR GREAT START COLLABORATIVE

DATE _____ COUNTY(IES) SERVED _____

**ADDITIONAL COMMUNITY COLLABORATIVE STATEMENTS OF SUPPORT
FOR APPLICATIONS SERVING A MULTI-COUNTY REGION**

Our Community Collaborative has been and will continue to be involved in the collaborative effort of the Great Parents, Great Start program. We have reviewed the GP,GS continuation plan for 2008-2009 and hereby support the program.

SIGNATURE OF CHAIR

NAME OF COMMUNITY COLLABORATIVE

DATE _____ COUNTY(IES) SERVED _____

Our Community Collaborative has been and will continue to be involved in the collaborative effort of the Great Parents, Great Start program. We have reviewed the GP,GS continuation plan for 2008-2009 and hereby support the program.

SIGNATURE OF CHAIR

NAME OF COMMUNITY COLLABORATIVE

DATE _____ COUNTY(IES) SERVED _____

Our Community Collaborative has been and will continue to be involved in the collaborative effort of the Great Parents, Great Start program. We have reviewed the GP,GS continuation plan for 2008-2009 and hereby support the program.

SIGNATURE OF CHAIR

NAME OF COMMUNITY COLLABORATIVE

DATE _____ COUNTY(IES) SERVED _____

PART E. ASSURANCE OF COMMITMENT TO COLLABORATE

NAME OF APPLICANT (INTERMEDIATE SCHOOL DISTRICT): _____

It is my understanding that the above named applicant plans to submit a 2008-2009 Great Parents, Great Start Grant (GP,GS) continuation plan available through the Michigan Department of Education. There is a continuing need for such a program in this area, and a representative of my agency/organization/program will collaborate with the above named ISD in joint planning, decision making, implementation and leadership of the Great Parents, Great Start Program.

SIGNATURE OF EXECUTIVE DIRECTOR, SUPERINTENDENT OR AUTHORIZED OFFICIAL **DATE**

NAME AND TITLE (Of Person Signing Above)---PRINT or TYPE

NAME OF AGENCY

ADDRESS **CITY**

STATE **ZIP CODE** **TELEPHONE NUMBER (Including Area Code)**

E-MAIL ADDRESS

STATEMENT OF THE ABOVE AGENCY/ORGANIZATION/PROGRAM'S COLLABORATIVE RELATIONSHIP TO THE PROJECT:

A. Our organization was involved in last year's Great Parents, Great Start collaboration (2007-2008) in the following manner (check all that apply):

- ☐ Participated in joint planning for the 2007-2008 grant project.
- ☐ Participated in the collaborative decision-making process with the ISD related to last year's program implementation.
- ☐ Shared leadership with the ISD on last year's GP,GS project.
- ☐ Other: _____

B. Our organization will collaborate during this 2008-2009 continuation year with the above named ISD on the GP,GS grant in the following ways (check all that apply):

- ☐ Participate in joint planning for this year's grant.
- ☐ Review and support the written 2008-2009 GP,GS continuation plan.
- ☐ Provide local match for the grant.
- ☐ Provide GP,GS program services to families. _____

- ☐ Provide collaborative project leadership related to oversight, decision-making, and/or implementation.
- ☐ Referral of families to the GP,GS program: _____

- ☐ GP,GS program assessment: _____

- ☐ Other: _____

